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ABSTRACT

Woburn Nursing Center (WNC), a private nursing home owned and operated by Salter Healthcare Services (SHS), developed an integrated, comprehensive staff development program and handbook. A literature review focused on staff needs, responsible agent, and handbook development. The following activities were undertaken: a review of ERIC documents, journals, and tests relating to staff development programs; examination of handbooks from local nursing homes; consultation with staff development coordinators from other Salter Homes for program content; solicitation of input from professional peers working in specialty positions; and review of Commission for the Accreditation of Rehabilitation Facilities, Joint Commission on the Accreditation of Health Care Organizations, state, and federal standards and regulation manuals, and facility documents. The development phases of the handbook were conceptualization and design; initial draft; revision; preparation of complete draft; and final review and revision. (The report contains 25 references and the staff development handbook. Seven sections cover the following: SHS; staff development program guidelines; orientation program; staff competency; performance improvement; education of residents; and instructional methods. Section 8 provides sample forms and materials: employee satisfaction survey, orientation form, competency and skills checklists, course guidelines for mandatory inservice training, teaching outline, inservice evaluation form, and description of inservice fair.) (YLB)

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A Tradition of Caring...

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DESIGNING A STAFF DEVELOPMENT PROGRAM AND SUBSEQUENT HANDBOOK FOR USE AT WOBURN NURSING CENTER: A LONG-TERM CARE FACILITY OF SALTER HEALTHCARE SERVICES

by

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and

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> He felt he had come upon a great truth: that reciprocal responsibility between an individual and an organization is a one-sided hoax ... they are not ethically equivalent because one has a sense of personal responsibility while the other has only a collective purpose. Any mutual promise between the two is therefore illusory and meretricious.
>
> -Thomas Taylor, Born of War

INTRODUCTION

Given the implementation of the federal prospective payment system (PPS) and the cascading implications impacting medicare-certified facilities, such as increased partnerships with hospitals and other referral sources, risk management contracts, cost containment initiatives, and electronic systems management, the demand for professional development has escalated. For example, the pressure is on the facility's Staff Development Department (SDD) to train and educate nursing staff to provide restorative and rehabilitative care to residents which, until recently, was provided by the now-shriveling therapy department.

The new federal guidelines for medicare reimbursement affect all levels of company management, staff, Medical Directors, attending physicians, residents and families. The SDD is hit the hardest as a result of this paradigm shift because the adoption, implementation, evaluation and ongoing reassessment of the new systems and programs needed to be in compliance with the federal imperative, requires nothing short of miraculous undertaking on the part of nursing home educators.

Couple the federal direction with the focus on performance

improvement outcomes set by accreditation agencies like the Joint Commission on the Accreditation of HealthCare Organizations (JACHO) and the Commission for the Accreditation of Rehabilitation Facilities (CARF), and the charge to the SDD becomes weightier. Given the broad uncertainties of long-term care, it is understandable that in addition to maintaining State licensure, administrators wish to take advantage of effective, credible, quality oversight of their facilities by maintaining appropriate accreditation.

Accreditation requirements for staff development (SD), especially the JACHO sub-acute and CARF criteria, are specific, detailed and outcomes-oriented. Federal and State mandated education and training programs essentially encompass resident abuse/rights, fire and safety issues, infection control and ergonomics (body mechanics, accidents/incidents). Since the government furnishes the information used by educators to deliver the mandated courses, the challenging piece is predominantly logistical, i.e. ensuring that employees on all shifts attend the inservices, and that the required record-keeping is complete and on file for surveyors.

Accreditation standards require a variety of educational programs, including the following: A resident/family education program, customized training programs for staff in specialized areas, a subacute staff competency program, clinical care improvement programs of a thematic focus, a comprehensive performance appraisal program, a program focusing on

mental/psychosocial and well-being topics, a quality of work-life program, and a comprehensive orientation program which includes a supplementary component for subacute unit staff.

Recently, Woburn Nursing Center (WNC), one of four private nursing homes owned and operated by Salter HealthCare Services, launched the challenging task of developing its first integrated, comprehensive staff development program. A complete copy of the **Staff Development Handbook** is provided in the Appendix. It is expected that other nursing home educators will find many aspects of the program beneficial for use in their facilities. The next segment recounts the process used in developing the program and subsequent handbook.

Background and Significance

Salter HealthCare Services has been providing nursing care and rehabilitative services for over forty years to the elderly. There has always been a perception in the community that Salter Homes provide exceptional resident care. In 1957 Gershon Salter, the founder of Salter HealthCare, bought the Woburn Nursing Center. At that time the Home had thirty-eight beds. By 1967, the Center had almost tripled in size, having 110 beds. In 1976, he bought the Winchester Home, (123) beds. Gershon's wife, Edythe Salter became the administrator of the Woburn facility with the goal of maintaining the Salter tradition of family, quality, and community. In 1993 Woburn Nursing Center (WNC) became a 140-bed facility, and included a progressive thirty-seven bed sub-acute unit. Shortly thereafter, the Aberjona Nursing Center, (123) beds, was added to

Salter HealthCare.

As the Salter HealthCare family grew, Gershon's two sons, Robert and Richard, came into the business to continue the Tradition. Today, the Tradition continues under the ownership and administration of the Salter brothers. Recently, in conjunction with the Bane brothers, Robert and Richard built a new facility in Salem, Massachusetts called Grovsnor Park, where the **"Tradition of Caring"** is alive and growing.

The purpose of the Staff Development (SD) project at WNC was to develop an inservice program and handbook that took into consideration the various training needs of the entire facility, including employees, physicians, residents and families. Furthermore, the program was designed to surpass the requirements of JACHO sub-acute and long-term care accreditation, CARF accreditation, State, Federal and facility-specific requirements. Another consideration impacting inservice needs at WNC was a new partnership with Lahey Clinic as a referral source for the facility. Lahey's Medical Director of Geriatric Services had also become Co-Medical Director of WNC's sub-acute unit. WNC's licensed staff had an immediate need for education and training in preparation for the increasingly medically complex patients being referred from Lahey. The acuity level of patients in the sub-acute unit would soon mirror the level of patients traditionally cared for in transitional care units of area hospitals.

Section one of the handbook houses an introductory letter, Salter HealthCare documents, i.e. history, philosophy and mission.

Section two contains the goal, mission, philosophy and objectives of the SD program, education policies, a conceptual model of the interdisciplinary team, SD plan guidelines, the employee satisfaction policy, and the goal and purpose of the SD program.

The employee/volunteer orientation, supplementary orientation for subacute unit staff, and sample support staff orientation is described in section three. Section four deals with staff competency, and includes standards and objectives, federal and state mandated inservices, mental/psychosocial and well-being topics, and customized training programs.

Performance improvement standards, i.e. clinical care improvement, subacute staff competency and performance appraisal systems are outlined in section five. Section six encompasses the resident/family education program offered by the SDD. Section seven contains a listing of instructional methods employed by the SDD. Lastly, the appendices can be found in section eight. They retain various sample SD forms, a description of a typical annual inservice fair, a sample teaching outline, the CNA competency checklist, a sample employee satisfaction survey, and course guidelines for mandatory inservices.

Prior to this project, the Staff Development Coordinator (SDC) did not have a clear picture of the program's mission, philosophy, objectives or a complete understanding of the many programs needed to meet both regulatory and accreditation requirements. Though from her peer's perspective she was doing a fantastic job, she was admittedly "managing her duties by the seat-of-her-pants." The

reasons for the lack of a formalized program included the fact that the Coordinator was new to SD, had no predecessor, and had been in the position for only a few months. Another impetus for wanting a comprehensive, integrated, documented SD program was that the facility expected CARF surveyors to re-visit in the fall. One of the CARF (sub-acute unit) standards was to have a documented SD program and record-keeping system substantiating that education and training standards were being met. Because the facility's CARF accreditation was relatively new, this particular mandate had been put on hold as resident care-related mandates took precedence.

Other challenges the SDC faced was the reluctance of staff, especially CNAs and licensed nurses, to attend inservices. From the onset of her tenure at the facility, the SDC provided an onslaught of first-rate inservices presented by experts in the community, both mandatory and non-compulsory. Because she had been in long-term care for almost twenty years, and had taught a nurses' aide program, the SDC presented numerous inservices on practical aspects of resident care herself. Although Salter employees were paid for time spent in educational activity, there was (and remains) a reluctance on the part of nursing staff to participate, with the exception of attendance at the mandatory inservices. Staff tended to acknowledge the value of life-long learning and their responsibility in maintaining competency, but used the excuse of "being too busy" to participate. The reality at all Salter Homes was that resident and patient care units were over-staffed, relative to Homes in the State and in the Country. It was deemed

that the issue of inservice participation, or lack thereof, was best dealt with by the facility's senior administrators. Because WNC had recently transferred two of their most committed and loyal senior administrators to the Woburn facility, there was no doubt the attendance issue would soon be rectified.

The process used to develop the program and handbook began with a brief review of the literature. Brief, because the SDC had ample current literature and resource materials on SD and this author had occupied a Professional Development Director position, having her work published (see McKinnon, 1991).

Literature Review

Based on a review of the literature, consisting predominantly of ERIC documents, journals, and texts relating to the topic, the absence of planning and evaluation is the primary cause for SD program failure (Tindall & Coplin, 1989). Valencia & Killion (1988:2-8) cite five obstacles to program failure: "poorly planned program, reluctance to change on the part of staff, isolation of staff, failure to address adult learner needs, and rigid expectations."

Little (1986) discusses the need to connect SD programs to the administration and policies already in place at the institution. The need for SD planners to set up guidelines specific to implementation, to innovate instructional delivery, and to have a clearly defined mission and objectives, is indicated in the literature (e.g. Brookfield, 1987; Liberman & Miller, 1984; Rosenblum & Louis, 1981). Loucks-Horsley et al (1987:22) reports

that "the mission statement of goals and beliefs regarding staff development is an important structural element, and the beliefs become the foundation of the system." In addition to these key elements, communication is deemed an essential ingredient of an effective SD program.

McHaney & Impey (1988:2) argue that:

> Staff development programs should include communication and coordination to assist with inter-building communication; organizing and providing information about resources; assisting with communication between administration and staff; providing central coordinating service.

The program design must be communicated. This will change the work-place and improve employee achievement (Murphy, 1988). Bishop (1987) focuses on the necessity of program documentation, emphasizing the importance of strong interpersonal communication between developers and other institutional personnel.

Crandall (1983:6) discusses the need for the person responsible for development efforts to be articulate and charismatic, and a clear communicator. Fullan (1982:291) observes that "people need specific ideas, sounding boards, and social support during the critical early period, or else the initial momentum of the program never gets established." Lastly, Nevi (1988) urges that effective communication between institutional staff and the community take place if the program is to be effective. A factor equally as important as clear communication for ensuring an effective SD program is the need to include all staff in development activities.

Staff

> Staff development should be involved with dealing with the capabilities of the whole institution by nurturing staff. Institutions must deal with attitudes and incorporate equal opportunities within the structure, content, and delivery of all their activities (Jenkins, 1989:108).

Another staff concern vis-a-vis staff development involves the diverse learning needs of support staff such as maintenance, laundry, housekeeping, food services, and clerical personnel. Regretfully, although nursing-support employees are vital to the provision of high quality resident care, they are often overlooked entirely by inservice trainers and SD planners (LoPresti, 1989). Other employees whose development needs are being neglected are part-time and per diem staff. Another program concern addressed in the literature is the structure(s) responsible for SD efforts.

Responsible Agent

It appears that in real-life practice department managers or middle-level managers are primarily responsible for initiating SD activity (Seagren, 1986; Stroule, 1988). Conversely, Manasse (1986;357) alleges that "while department managers can create a nurturing environment for SD, a significant burden of responsibility should be taken by individual staff members. Other institutions place the primary responsibility for SD at the level of the organization via a SD Committee (e.g. McKinnon, 1991; Glenville State College, 1987). Apparently the onus of responsibility for SD varies among organizations from the SD committee, to the middle-level manager, to the individual employee. The literature is rich with guidelines for developing SD manuals.

Handbook Development

Representatives of staff having real decision-making prerogatives should develop a management plan in which the roles and composition of these groups are clearly designated as a major component of the SD program (Loucks-Horsley et al, 1987). Craig (1981) also argues for a clear organizational pattern facilitating SD programs for part-time employees. In addition to a clear organizational system for program implementation, Shepherd & Richardson (1988) note that in their experience as professional development planners, a handbook should describe the purpose of SD, precise ways of developing professionally, and include evaluation and monitoring techniques or systems.

Kintzer (1983), upon examining 212 SD handbooks, makes the following suggestions relative to handbook development: Clarify relationships between handbooks and collective bargaining contracts or other regulatory sources to avoid confusion and legal complications; offer information on development activities and program purpose; develop specialized handbooks for particular groups; provide information on policies and regulations related to the program, and; maintain and informal and straightforward style.

A project at Carnegie-Mellon University in Pittsburgh designed to study technical manual production determined that:

> The focus in the design of technical manuals must shift from the product to the process of developing the manuals and to the goals of the design process. Specifications should include goal statements and interpret design requirements in terms of those goals (Duffy, T.M., 1985).

Along with the focus on process in handbook development, Fielding (1985:8) emphasizes that "the content materials must be meaningful to the reader, that is, they must be both substantively sound and practical." Other facility educators point to the need for the inclusion of sample forms and reports and individual development plan guidelines (e.g. Hughes, 1990; Luehrs, np).

Conclusions from Literature Review

Conclusions protracted from the above literature review are numerous. Long-range planning and ongoing evaluation are essential ingredients in a program's success. Multiple modes of clear communication between all individuals impacted by the program are required. All staff must be encouraged to participate in program activities. Meeting the learning needs of part-time and per diem staff is instrumental. The individual staff member, the department manager and a formal structure, such as a SD committee, are all integral to program success.

Instructions for generating a SD handbook include: Describing the roles of individuals involved in the program; program purpose, mission, philosophy, objectives, activity descriptions and outcomes; guidelines for writing individual development or growth plans; program policies, procedures, and other regulations; a cover letter; substantive soundness and practicality; program content/process evaluation, at least on an annual basis; consistent style throughout; solicitation of input during the development process from all individuals impacted by the outcome; consistency

between handbook language and terminology used in other facility manuals or documents, e.g. the employee handbook and collective bargaining agreement.

Procedures

The approach to developing the inclusive, consolidated SD program and handbook for WNC commenced with a review of the ERIC documents, journals, and texts relating to SD programs. Handbooks from two local nursing homes were examined, though neither facility held CARF or JACHO sub-acute accreditation. SDCs from the other Salter Homes were consulted for program content and counsel.

Input and ongoing feedback was requested from the owners of Salter Healthcare, from WNC's administrator, Director of Nurses (DON) and Department Managers. Program planners also solicited input and feedback from professional peers working in specialty positions, i.e. MDS Coordinator, Case Manager, CQI Coordinator. Draft copies of the working-document were circulated to these individuals.

The CARF, JACHO, State and Federal standards and regulation manuals were reviewed by program developers, as well as facility documents, e.g. employee handbook, sub-acute unit mission, philosophy and goals, admission materials, Salter HealthCare documents pertinent to SD. These materials supplied added direction for policy and procedure development. The completed SD handbook was distributed to each owner/administrator, the company's Strategic Planner and Recruitment Director, the members of the Outcomes Committee, the SDC, and to all department

managers/coordinators. The guidelines used for developing the facility's SD program and handbook were consistent with those described in the literature.

As the literature indicated (e.g. Fielding, 1985:2), the handbook progressed through distinct phases of development: conceptualization and design; initial draft of selected documents; revision, preparation of a complete draft, and; final review and revision. The handbook will be posted on the SD bulletin board and distributed at orientation to new employees. Copies were made available to each sister facility. In an attempt to meet the CARF/JACHO regulation of a formal, documented SD program, a copy of the handbook will be provided to surveyors at the next site visit.

Assumptions/Limitations

An assumption was made that once the SD plan was in place, it would be implemented and evaluated. Furthermore, because the program standards/directives extracted from the CARF/JACHO manuals and relevant State/Federal manuals formed the infrastructure for the SD program, it was assumed the product would be an educational blueprint satisfactory to evaluators.

It is possible that use of WNC's SD program may be limited to Salter Homes and to nursing facilities holding CARF and JACHO accreditation. However, components of the program could readily be adopted by many facilities. A literature-based limitation may involve the generic nature of the program, in the sense that it is intended for use by all employees rather than specialty

departments. Although, the handbook's table-of-contents leads the reader to specific areas, for example, supplementary orientation for sub-acute unit staff. Finally, the literature addressing SD is not specific to elder care facilities, and this could conceivably limit the usefulness of the SD program.

Conclusions and Recommendations

Probably the most critical recommendation, relative to a SD program design, is that developers should review the generic characteristics of successful programs. These include: 1) Clear, shared vision, goals, objectives and action plans; 2) staff-identified learning needs planning; 3) staff involvement in planning and program implementation; 4) administrator involvement and support; 5) staff empowerment to "take risks" in a non-threatening learning environment; 6) systems of continual assessment and follow-up; 7) facility and resource support; 8) variety of instructional delivery; 9) practical application opportunities; 10) ample planning time; 11) time for participants to reflect on learning, and; 12) an understanding of adult learning.

Recommendations for developing a SD handbook involve clarifying the relationship and language between collective bargaining agreements, regulatory agencies, and facility documents to avoid redundancy, inconsistency, and legal disputes. The program mission, philosophy, and objectives must flow naturally from the facility mission, philosophy, and objectives. If these elements are not in sync, staff will recognize the inconsistencies

and question program validity.

Educators should solicit input from all employees impacted by the program to ensure ownership. Sample reports and forms to be completed by program participants should be included in the handbook. This strategy lessens staff confusion about the program and provides concrete examples of what is expected. Providing staff with sample forms also unfetters the SDC, allowing her/him to engage in the more challenging aspects of the position.

To be maximally effective, SD programs and manuals should be developed at the facility where the training takes place. In fact, the person responsible for coordinating program development should be someone directly involved. Program evaluation should include written documentation of outcomes, i.e. how the learning activity benefitted the individual employee, the department, the resident/family, the institution, or any combination thereof.

It is recommended that specialized handbooks be formulated for diverse groups of staff, for example support staff, part-time/per diem staff. Although these groups should all receive equitable treatment, it may be less confusing to the reader if the information is intended entirely for her/him.

In closing, it is best to maintain an informal, straightforward style and format when committing the SD program to paper. Any deviation from this strategy becomes glaringly evident once the manual has been finalized. For this same reason, it is recommended that one individual be responsible for authoring the handbook after all employee preferences have been considered.

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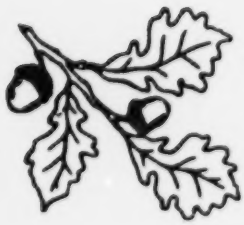
APPENDIX

SALTER
HEALTHCARE SERVICES

STAFF DEVELOPMENT HANDBOOK



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A Tradition of Caring...

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Dear Employee:

Welcome to Woburn Nursing Center! I guarantee you that working at this facility as a full-time or a part-time employee will be a rewarding and challenging experience.

This booklet describes the various opportunities available to enhance your professional and personal development during your employment with Salter HealthCare Services at the Woburn Nursing Center (WNC).

Woburn Nursing Center is committed to you, and to the promotion of your development as a valued staff member. It is hoped that you will take every opportunity to participate in as many Staff Development programs as possible. Learning, in the health-care field, is a life-long commitment that every member of the team at WNC shares with you.

If there is any way I can be of assistance to you, please feel free to stop by my office at your convenience. I have an open-door policy and I invite you to share your concerns and questions with me at anytime. If I am not in my office, leave a note on my desk or a message on my voice mail and I will get back to you within twenty-four hours.

Special thanks go to the Salter HealthCare staff who assisted me with my efforts to develop a Staff Development Manual for the Woburn facility. Thanks also go to Cole McKinnon, AIT whose technical assistance, counsel, and support has been invaluable.

Best Wishes,

Martha Capone RN

Martha Capone, RN
Staff Development Coordinator
Woburn Nursing Center

INTRODUCTION

The ensuing integrated Staff Development Program was designed to meet, and surpass, all federal, state, accreditation, and facility-specific training and education requirements for Woburn Nursing Center employees. Although the major tenents of the Staff Development Program are outlined in this manual, it is by no means intended to be an exhaustive listing. The Program is constantly changing in an effort to develop proficient care-givers and support staff to meet the needs of patients and residents.

Leaders of Salter HealthCare Services diligently create a culture that fosters staff self-development and continued learning. Staff at Woburn Nursing Center are encouraged to provide feedback about the work environment to supervisors. The guidelines and standards in this manual do not apply solely to the Staff Development Department. All leaders at Woburn Nursing Center perform the processes and activities in the management of the Staff Development function.

With a full understanding of the broad uncertainties of long-term care, in addition to maintaining State licensure, Salter HealthCare takes advantage of effective, credible, quality oversight of their facilities through maintaining appropriate accreditations. The facility's sub-acute unit and the long-term care units are accredited by the **Joint Commission on Accreditation of Healthcare Organizations (JACHO)**, whose mission is to improve the quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations (CAM LTC 1998-99. Joint Commission).

The facility's sub-acute unit is also accredited by the **Commission for the Accreditation of Rehabilitation Facilities (CARF)**, whose mission is to serve as the preeminent standards-setting and accrediting body promoting and advocating for the delivery of quality rehabilitation services (CARF 1998. Medical Rehabilitation Standards Manual). The facility's sub-acute unit, consistent with the mission and purposes of CARF, has made giant owners strides toward the delivery of a comprehensive integrated inpatient rehabilitation services that is provided 24 hours per day and endorses the active participation and choice of the persons served throughout the entire program.

Lastly, the facility's sub-acute unit is accredited by the **Unifrom Data System for Medical Rehabilitation's Functional Independence Measure (FIM) Patient Outcomes Program**. The two-phase recredentialing process is conducted every two years. This program ensures that licensed staff maintain proficiency in assessing patient function. The assesment determines the intensity of the patient's needs, which in turn drives the appropriate use of the rehabilitation continuum of care, the establishment of predicted outcomes, the provision of care, the composition of the interdisciplinary team, and discharge to the community of choice.

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THE HISTORY OF SALTER HEALTH CARE

A TRADITION OF CARING

For more than thirty-five years, Salter Health care Services has been providing the very best nursing care and rehabilitative services for the elderly. Since its beginning, Salter Health Care has taken pride in the care we give. There has been a long running tradition of exceptional quality of care for our residents. It's more than a business, it's a way of life. It's a tradition of family, quality, and community. It's a *Tradition of Caring*.

In 1957, Gershon Salter, the founder of Salter Health Care, bought the Woburn (Frances Street) Nursing Center. At that time, the home only had 38 beds. By 1967, the Woburn Nursing Center had almost tripled in size, having 110 beds. In 1976, he bought the Winchester Nursing Center (123 beds). In continuing his tradition, his wife, Edythe Salter, took over as Administrator of Woburn to maintain the way in which the family ran the business, while Gershon became the Administrator of Winchester. Soon after that he also bought the Aberjona Nursing Center (123 beds).

As the Salter Health Care family grew, Gershon's two sons, Robert and Richard, soon came into the business to continue this Tradition. Robert Salter had become the Administrator of the Aberjona Home, while Richard became Administrator of the Winchester Home.

Recently, Salter Health Care Services along with the Bane Family, built a new facility in Salem, Massachusetts called Grovsnor Park. The hopes of Salter Health Care is to strive to keep the Tradition alive and growing. Together with the help of the hard working staff we are able to keep this Tradition growing.

THE PHILOSOPHY OF SALTER HEALTHCARE SERVICES

The underlying beliefs that guide the nursing centers overall activities are our beliefs that:

1. All residents are entitled to comprehensive individualized care that will enable them to manage their health problems, maximize independence and enjoy the highest possible quality of life.

2. Residents care is enhanced and improved through interdisciplinary coordination and collaboration.

3. Relationships between residents and their family members and/or significant others are important and that an important role of nursing staff is to preserve and promote this during their stay in our facility.

4. A comprehensive quality improvement program must exist to achieve the highest possible level of resident care and nursing practice.

5. Our employees are our most important resource and strength. We will work at hiring competent and effective employees. We will monitor performance and offer staff development opportunities to maintain and advance their knowledge and skills.

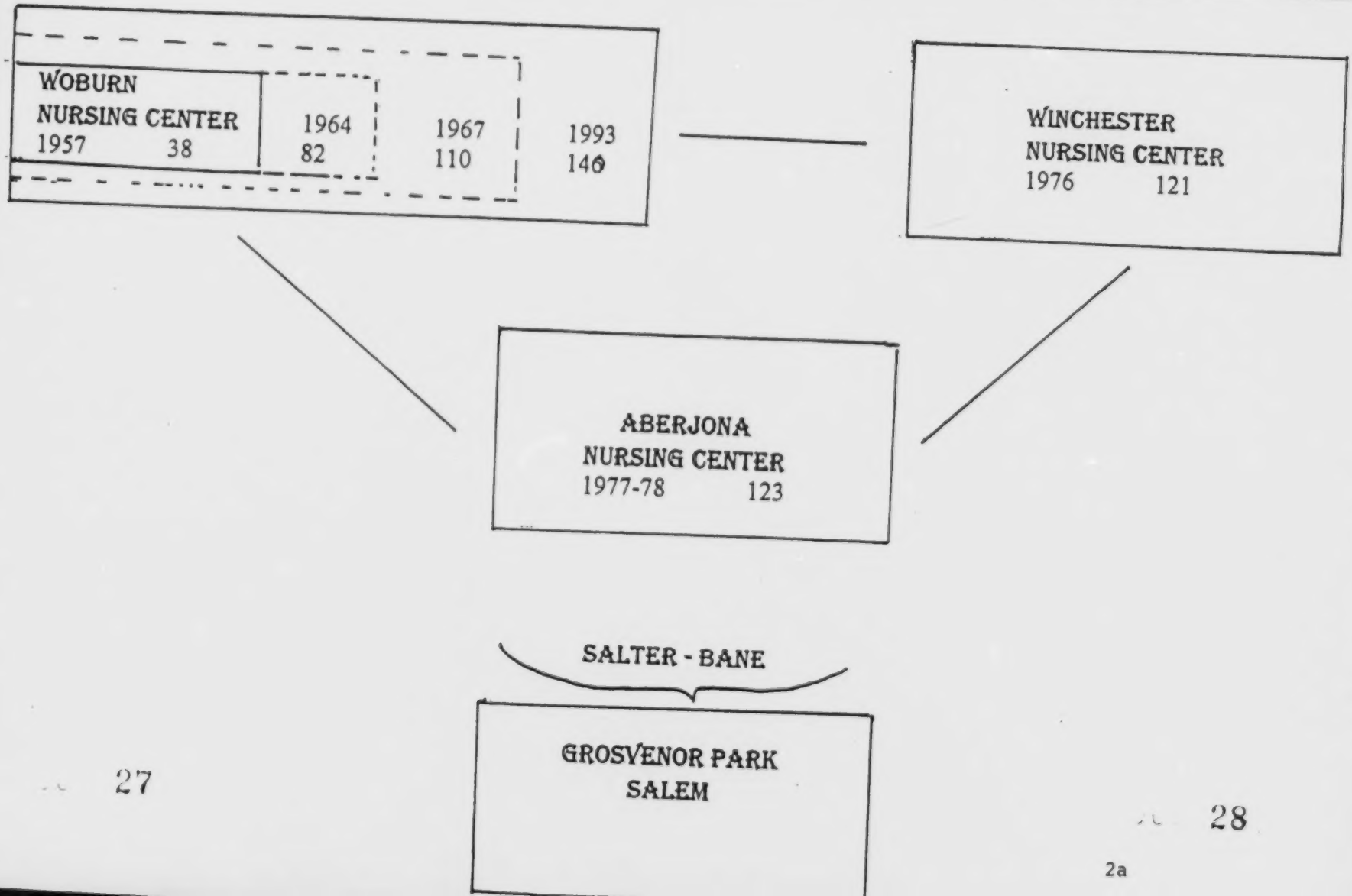
6. Program development is based on market analysis of population served.

7. The Short Term Stay Unit will have a Registered Nurse Manager, a Case Manager and Discharge Planner.

8. We support our communities. We advocate improved community health by getting involved. We volunteer our time, expertise, and facilities as a responsible corporate citizen and a good neighbor.

9. The Nursing Center believes in the integrity of clinical decision making in the face of financial risk.

SALTER HEALTHCARE



Woburn Nursing Center

Mission Statement

Our mission is to create quality environments that give out clients access to the services that best meet the persons needs at the time and to be able to change services as the clients need change.

❁

We strive to provide services which are individual, specific and cost effective. We aim to continuously improve the quality of services provided and affiliate with providers in the continuum for access to services we cannot provide.

❁

Woburn Nursing Center builds on the strengths of the staff. Employees are treated with respect and given the support and training needed to facilitate the best possible care of our residents.

❁

We contribute positively to our community and strive to maintain the highest environmental standards.

PRIMARY GOAL, MISSION, AND PHILOSOPHY OF STAFF DEVELOPMENT

The primary **MISSION** of the Woburn Nursing Center Staff Development Program is to provide employees with training and educational opportunities developed to satisfy the long term care industry, JCAHO, CARF, DPH, Salter HealthCare Services, the employee, and most importantly, the residents (guests) whom we are here to serve.

Thus, the fundamental **GOAL** of Staff Development is to provide inservice education that continually directs the attention of employees to achieve mutual satisfaction. The standard of "Quality Patient/Resident Care is the primary outcome of the Staff Development Program.

This includes educational and training opportunities that continually focus our collective and individual attention on the employee as a valued human being, a consumer and an integral part of the workforce capable of responding to the changing needs of our facility. Without exception, all staff and volunteers will be reminded of and guided by this reason for being. Staff Development activities reinforce this basic facility value.

In so doing, we will become a leader among Long Term Care Facilities; highly regarded for our commitment to staff, widely respected for our excellence in Staff Development and openly responsive to the changing needs of the community.

The underlying **PHILOSOPHY** of Staff Development is to strengthen the individual and, therefore, the facility; the belief being that personal and professional growth ultimately correlates with organizational growth. The facility administration believes that the individual, the department, and the organization have almost limitless capability for growth and development. It also believes that a well-planned staff development program, customized to meet the identified needs of all levels of staff, provides the vehicle for ensuring that the facility fully meets the needs of the residents and families we are here to serve, as well as the needs of each staff member. This sometimes entails the use of multiple learning strategies, including, but not limited to, small group activities, individual tutorials, facility-wide learning activities, and the use of external resources, as well as the ongoing sharing of expertise among the three Salter Homes. Staff development is viewed as a "change agent" for the facility and can develop the motivated, innovative staff necessary to bring about desired facility change.

Staff development at Woburn Nursing Center is supported by the top, but driven by the bottom. The facility has made a commitment to assure the support and resources necessary to provide a comprehensive program which will meet the challenges we face in long-term care. This essentially means providing enrichment, education, and training opportunities for the Salter HealthCare team in Woburn.

STAFF DEVELOPMENT OBJECTIVES

1. To provide quality, timely, relevant teaching/learning opportunities for both new and current employees.

2. To promote the staff development concept within the larger context of providing quality services to the community.

3. To facilitate the identification of learning activities that reflect individual, unit/department, and facility needs.

4. To plan, implement, and evaluate professional growth activities for all employees, including the provision of C.E.U.'s for staff whenever possible.

5. To promote the value of the life-long learning continuum for all employees.

6. To enhance responsiveness to the teaching/learning requirements of employees through periodic formal and casual assessments.

7. To promote, by design, a working environment that values the diversity and the individuality of all employees.

8. To encourage and solicit input and feedback from employees relative to planning, implementing, and evaluating the staff development program.

9. To promote the standard of "Quality Resident Care" as the principal outcome of the staff development program.

10. To create a work climate that fosters harmony and team-spirit, within departments, interdepartmentally, and among the Salter Homes.

11. To ensure that employees receive regular and ongoing open dialogue and feedback appropriate to the performance standards described in their job descriptions.

12. To provide educational programs designed to meet CARF, JACHO, DPH, OSHA, and HCFA (OBRA) regulations.

13. To assure that regulatory employee health requirements are met.

GENERAL EMPLOYEE EDUCATION POLICIES

EMPLOYEE EDUCATION

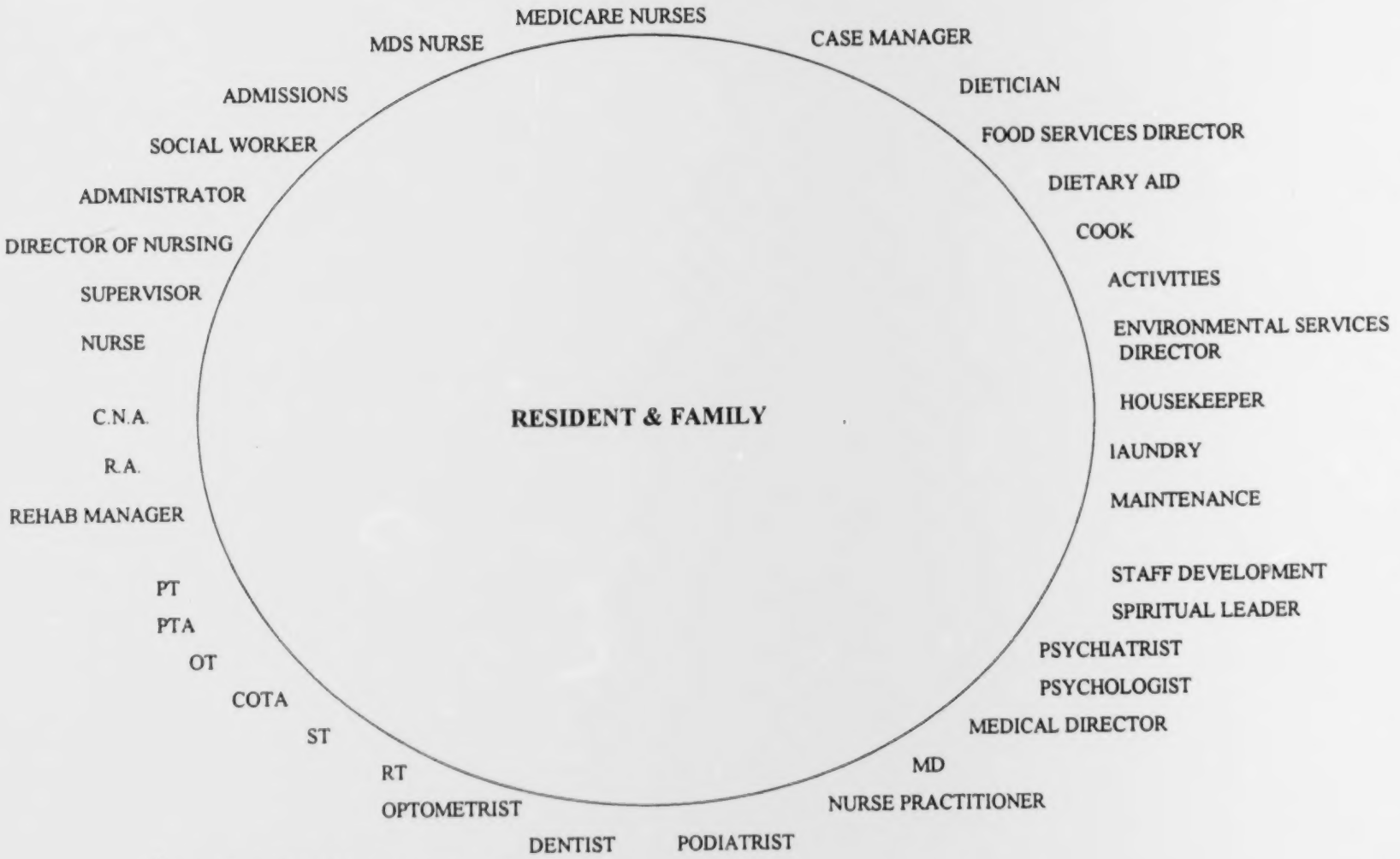
The Nursing Center may require all employees to attend continuing education programs held in the facility (at no cost to the employees). We may also require employees to attend educational programs outside the nursing center. The Nursing Center may or may not pay for these educational programs. All licensed personnel are responsible for obtaining the proper continuing education required to maintain their licensing.

CERTIFIED NURSES ASSISTANTS TRAINING

The Nursing Center will require all non-certified nursing assistants to complete an approved Certified Nurses Assistant (CNA) course and be tested within four months of hire. The 75 hours of class time will **NOT** be treated as time at work nor time on the payroll.

Source: Salter HealthCare Services, Employee Benefits And General Policies Manual. Pg. 10. Feb. 1, 1997.

HEALTH CARE TEAM
INTERDISCIPLINARY



Dev. by Martha Capone, RN
June, 1999

STAFF DEVELOPMENT PLAN GUIDELINES

The Employee Education Plan is intended to give a description of the context of personal and professional growth and direction within which staff development will occur. It clarifies personal, professional, and career goals, which can be utilized as a planning tool by the individual, her or his supervisor and the Staff Development Director. It is in the Education Plan that staff identify goals for a long-term period, such as three to five years; show how individual plans are related to the needs of their department and the facility; establish priorities, and determine the kinds of activities and resources necessary to move forward with the Plans.

The Education Plan is <u>not</u> a requirement of the Woburn Nursing Center; however, employees recognizing the value of furthering their education, both formal and informal, are encouraged to develop a Plan. The Education Plan, developed in conjunction with your supervisor, will be placed in the employee's file and used along with other performance measures at the annual evaluation. The Staff Development Director, with the input from your supervisor, will help you with your Plan if you need help writing your training, development and career goals. If you do decide to develop an Education Plan, the following areas should be addressed:

1. <u>Education Goals</u>

   In addition to goal statements, rationales should be included which show their relationship to:

   a) Department goals
   b) Facility goals
   c) Present and future career goals
   d) Professional and personal growth goals

2. <u>Activities</u>

   Types of activities, or even specific inservices, if known, which may assist in the meeting of these goals, should be listed. This way, the Staff Development Director can include these learning activities in the annual staff development plan.

3. <u>Outcomes</u>

   The employee education plan should include statements of the planned and/or expected measurable outcomes for both individual, professional, department and/or facility improvement.

Note: The Staff Development Director tracks employee attendance at mandatory and optional inservices offered at the facility and other approved locations.

EMPLOYEE SATISFACTION

The Woburn Nursing Center administration fully acknowledges the importance of periodically assessing the work climate. The climate is the "personality" of the work setting and all each have their own unique "personality" or climate. Like all work settings, some are friendlier and more like a family than others, some more controlling, and some are more task-oriented.

We at Woburn Nursing Center ardently believe that if employees take a personal interest in their co-worker's well-being, are candid about how they feel, and often socialize together at breaks and mealtimes, employees will judge the workplace to be more cohesive. Research shows that the work environment, with all its variables, affects each person's behavior, feelings and personal growth. Specifically, it can have an impact on an individual's morale and well-being, job performance, and overall ability to work as part of the Salter team; all of which are vital for providing quality resident care.

The Staff Development Director, in conjunction with others, consider and evaluate employee satisfaction several times each year, both casually and formally, using a variety of instruments and methods. A Sample Employee Satisfaction Survey can be located in Apprendix A.

STAFF DEVELOPMENT PROGRAMS

GOAL: The leaders ensure that the competence of all staff members is assessed, maintained, demonstrated, and improved continually.

PURPOSE: The organization assesses staff development needs on a facility-wide, departmental, and individual level. These assessments are used to plan continuing staff education. WNC expects each employee to perform competently. Volunteers who provide direct patient services are also expected to perform competently. When staff continuously improves its performance, the facility's overall performance improves.

EMPLOYEE/VOLUNTEER ORIENTATION

STANDARDS: **JCAHO HR.3-4. LD 2.7. CARF CIIRP 14-15, 37-38, L. 4-6. 105 CMR 156.300. HCFA TAG #F518.** An orientation process provides initial job training and information. Volunteers are oriented to the organization.

WNC's orientation process familiarizes staff with their jobs and with the work environment before staff begin resident care or treatment or other activities. **Employee orientation** addresses at least the following:

* The facility's mission, vision, values, and goals;
* The standards of practice, including code of conduct and ethics;
* The facility's policies and procedures, including disciplinary and sexual harassment;
* The facility's physical plant;
* The responsibilities of the individual's position;
* The characteristics of the resident population;
* Infection prevention and control, including TB testing, hepatitis B immunization, standard precautions and blood borne pathogens;
* Fire prevention and safety, including hazardous communication, disaster preparedness (bomb threats, medical emergencies, natural disasters, power failures) body mechanics, evacuation procedures, accidents & incidents;
* Accident prevention, including equipment management;
* Confidentiality of resident information;
* Resident rights and responsibilities, including preserving resident dignity; personal rights, and property rights and protecting privacy; and
* The facility's policy and criteria for handling victims of abuse.

All **volunteers** are thoroughly oriented to:

* The facility, including its objectives, services, and staff;
* Confidentiality and ethical conduct;
* Resident care, routines, and limitations;
* Safety and Infection Control;
* Any other activities they are expected to perform competently.

SUPPLEMENTARY ORIENTATION FOR SUBACUTE UNIT EMPLOYEES

STANDARD: **CARF:CIIRP.#37.** Orientation for staff members working in the subacute program are provided with the following training/information in addition to the standard employee orientation program:

* Unit's mission statement, philosophy, objectives, and rehabilitation nursing.

* Standards of restorative nursing care and, facility-specific rehabilitation practices.

* A comprehensive overview of the interdisciplinary rehabilitation process.

* Characteristics of each patient population in the subacute program, including behaviors, psychosocial and cultural needs, and clinical concerns.

* Attitudes regarding sub-acute residents.

* How to assist patients to secure and exercise their individual rights.

* Appropriate documentation and record keeping.

* Individualized comprehensive care that will enable staff to help clients to manage their health problems, maximize independence and enjoy the highest possible quality of life.

SUPPORT STAFF ORIENTATION

In addition to the information and training provided to all staff at the general orientation, staff working in nursing support areas are orientated to the skills and knowledge unique to their specialty areas. Orientation topics covered in the laundry, housekeeping and food services departments follow.

<u>Orientation to Laundry</u>

Routine Laundry Collection
Review of Infection Control Principles
Procedure for Sorting Laundry
Use of Washers and Dryers
Care of Clean Linen (Fold, Sort, and Deliver)
Stocking of Linen Carts
Laundry Delivery Schedule
Personal Laundry, Care of and Procedures for
Daily Maintenance of Laundry Equipment

Orientation to Housekeeping

Review of Accepted Cleaning Solutions
Review of Daily Cleaning Routine
Dust Furniture
Dust Light Fixtures and Lamps
Dust Window Ledges
Trash Disposal Routines
Requirements for Room Cleaning and Cleaning of Common Areas
Correct Usage of and Storage of Cleaning Solutions and Equipment
Review of Infection Control Principles

Orientation to Food Services

Food Storage
Personal Hygiene
Disaster Plan for Food Services
Menus
Food Temperatures
Sanitation, Including Handling of Utensils, Dishes, Glasses, Etc.
Communicable Diseases
Kitchen Safety
Garnishing - Proper Tray Set-Up
Resident Rights as Relates to Food Services
Diets for the Swallowing Impaired
Disbetic Diets
Fire Safety as Relates to Kitchen

Ancillary staff, for example, therapists, social workers, in addition to attending the general staff orientation, complete an orientation program specific to their respective departments. All ancillary staff are responsible to attend mandatory inservices.

STAFF COMPETENCY

STANDARDS: **JACHO HR.3-4, LD. 2.7. CARF CIIRP #16, 37-38. L. 5-6, 19. 105 CMR 150.007.I. HCFA TAG #F497, F518.** Ongoing education, including in-service, training, and other activities, to maintain and improve staff competency.

OBJECTIVES: The facility provides regular in-service education based on the outcome of performance reviews, the care needs of the patients and residents, the needs of the facility, and the learning needs contributing to the holistic well-being of staff. The facility's in-service training -

* is designed to ensure the continuing competence of all direct care staff, but is no less than 12 hours per year for CNAs, and no less than 15 CEUs every two years for licensed nurses. Additionally, every effort is made to offer CEU programs for other licensed/registered staff, i.e., social workers, activity director, therapists. Programs offered, at least annually, include:

* Advanced Directives, Resuscitation Orders & Informed Consent
* Violence In The Workplace (Resident and Employee)
* Employee Discipline
* Sexual Harassment In The Workplace
* Sensitivity Training
* Pain: Acute, Chronic, CA-related **(CARF:CPM)**
* Gerontological Assessment
* Hospice & Geri-Psyche Topics
* Aging Process
* Special Resident Care Needs, e.g., Brain or Spinal Cord Injury **(CARF:SCRSC.BI)**
* Psychotropics & Adverse Med. Reactions
* Lung Sounds
* Cardiac Medications

FEDERAL AND STATE MANDATED INSERVICES

INSERVICE FAIR

Salter HealthCare Services ensures that all state, federal, and facility-mandated employee in-services are offered, by hosting an annual **INSERVICE FAIR**. The purpose of the Fair is to provide ample opportunity for **all** employees, on **all** shifts to fulfill the mandatory requirements. The **FAIR** concept was developed by Marcia Walsh, SDC at Winchester Nursing Center. A program evaluation is conducted at the conclusion of the **FAIR** by the presenting team. Suggestions for program improvements are discussed, including both program topics and presentation.

The Woburn facility usually hosts its **FAIR** in October. The program begins at 7:00 AM and ends at 5:00 PM. Information about the date, time and theme of the **FAIR** is posted several weeks in advance on the Staff Development Bulletin Board. See Appendix C for a description of a recent **INSERVICE FAIR**.

MANDATORY STAFF INSERVICES: ANNUAL

Resident Abuse/Rights, e.g. Confidentiality, Restraints, Sensitivity, Role of Social Services, Ombudsman Program

Fire & Safety, e.g. Hazard Communication, Emergency Preparedness/Crisis Intervention, Workplace Violence, Heimlich

Infection Control, e.g. Standard Precautions, Blood Borne Pathogens, Personal Protective Equipment, Isolation

Ergonomics (Body Mechanics, Incidents/Accidents)

MENTAL/PSYCHOSOCIAL AND WELL-BEING TOPICS

STANDARDS: JACHO HR 3.2. CARF CIIRP. 37. L. 5-6, 33. Training and development on mental/psychosocial and well-being topics are offered to all facility staff. The following is a sample of the topics presented annually and more often as necessary:

* Stress Management
* Workplace Violence
* Spirituality
* Cultural Diversity
* Sensitivity Training
* Communication
* Substance Abuse
* Team-Building
* Ethical Conduct

CUSTOMIZED TRAINING PROGRAMS

STANDARDS: CARF CIIRP 37-38, 40, RP. 18. JACHO HR.3-4. Customized training and educational programs are provided to individuals and groups as needed. These inservices -

* address areas of weakness as determined by performance reviews, (both formal and informal) and may address the special needs of residents as determined by the facility staff;

* are for staff providing care to residents with cognitive impairments, in-services also address the care of the cognitively impaired; and

* are for all nursing personnel caring for subacute patients, in-services also address current clinical information on caring for sub-acute patients, including information on all categories of patients admitted to the unit.

Note: In addition to scheduled inservices, training and development programs are offered on an "as needed" basis, such as English as a Second Language, Care of the Patient Receiving TPN, Care of the Patient with a Tracheostomy, Care of the Patient on a Ventilator.

PERFORMANCE IMPROVEMENT

STANDARDS: JACHO HR.4: CARF L. 20. RP. 18: 105 CMR: 150.007:I. HCFA TAG #F497. The facility assesses each staff member's ability to meet the performance expectations stated in her or his job description.

A few of the inservices addressing performance improvement offered periodically to facility managers, administrators, and selected licensed staff, include:

* TQM Theory
* Outcomes Management
* Systems Theory
* Leadership Skills, e.g., Communication, Environmental Assessment, Priority Setting, Long-range Planning, Budgeting, Staffing, Time Management, Teamwork
* Creativity & Innovation
* Quality of Work Climate
* Patient/Resident Outcomes
* MDS & Quality Indicators, i.e., Interdisciplinary Care Outcome Measures, Qualitative and Quantitative Measures, **Clinical Care Improvement**

CLINICAL CARE IMPROVEMENT: THEMATIC FOCUS

Periodic inservices of a thematic nature are provided to appropriate staff members, such as:

* Antithrombolic Therapy
* Substance Abuse Disorder
* Osteoarthritis
* Low Back Pain or Injury
* Lupus
* Diabetes
* Viral Hepatitis and AIDS/HIV
* Stroke Rehabilitation
* Congestive Heart Failure

SUBACUTE STAFF COMPETENCY

STANDARDS: **CARF RP 18. CIIRP 37-38. JACHO HR.3-4.** Annual training and competency evaluations, conducted by the SDC and other appropriate disciplines, include:

* Medication Usage & Administration
* Venipuncture
* Central Line Management
* Intravenous Lines
* Basic Life Support (CPR)
* Hand Held Nebulizer Admin.
* Oxygen Therapy
* Pulse Oximetry
* Blood Sugar Monitoring
* Chest Physiotherapy
* Incentive Spirometry
* Management of Portocath
* Taking EKG's
* Assessing Patient Function using FIM

PERFORMANCE APPRAISAL: The measures used to determine employee competence include:

* Retention rates
* Interviews with staff and supervisors
* Performance evaluations
* Competency monitoring, eg., checklists
* Personnel files include staff development plans, in-service and education records
* Verification of licensure, certification, privileges, and credentialing
* State and accreditation agency survey outcomes
* Work climate surveys (quality of work-life)
* CQI reports
* Resident/family grievances
* Partnerships with referral sources
* Use of agency staff
* Learning needs assessments
* In-service evaluations completed by employee
* Resident/Patient census
* Uniform Data System for Medical Rehab.'s Functional Independence Measure (FIM) Credentialing process outcomes (This two-phase recredentialing process is conducted every two years)
* Certifications on file, e.g. I.V., T.P.N., B.L.S, Gerontology

RESIDENT/FAMILY EDUCATION

STANDARDS: **EDUCATION OF RESIDENTS: JACHO. PF. 1, PF. 1.1, PF. 2. PF. 2.1, PF. 3, PF. 3.1, PF. 3.3, PF. 3.4, PF. 3.5, PF. 3.6, PF. 3.7, PF. 3.8: CARF CIIRP. 38. 105 CMR. 150.007: (D)(1)(2a).** Resident/Family Education: Staff Provide one-on-one customized education to patients, family members, and proxies on a regular basis, addressing all aspects of care, including:

Interdisciplinary Team
Resident Assessment
Discharge Planning & Instruction
Care-Planning Process & Goal of Function
Communication Needs
Community Resource Availability
Diet, Nutrition, & Independent Eating
Hydration Intervention
Oral Health
Drug-Food Interaction
Medication Use & Self-Administration
Family Responsibility
Resident Responsibility
Medical Equipment Use
Education Resources
Refusing Treatment
Rehab. Techniques
Dressing & Self-Care
Transfer & Ambulation
Recreation

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TEACHING/LEARNING METHODS

The Staff Development Personnel use a variety of different approaches to meet the learning needs of staff, including, but not limited to the following:

* Facilitating attendance at seminars and conferences off-site,
* Providing inservices at the home facility and/or as a team effort with SDCs from the sister facilities,
* Placing materials in staff mailboxes and at meetings,
* Providing self-study guides,
* Administering pre-and post tests,
* Using check-lists as a tool for evaluating specific competencies,
* Keeping current information on file in the SDC's office,
* Providing computer programs, video and audio tapes,
* Facilitating guest lectures, grand rounds,
* Promoting peer-review or train-the-trainer programs, expediting
* Encouraging memberships in professional associations,
* Assisting in securing appropriate certifications and credential upgrades,
* Providing literature searches,
* Ordering texts and manuals,
* Subscribing to appropriate journals and newsletters,
* Providing tutorials and make-up tests,
* Ensuring that supervisors appraise employee performance based on written job descriptions,
* Setting up mentoring programs for new employees,
* Posting information in areas readily accessible to employees,
* Offering the annual Salter HealthCare Services' Inservice Fair,
* Utilizing consultant services,
* Arranging joint programs with referral agencies,
* Employing students as appropriate,
* Networking with nursing instructors from local colleges to ensure the SD curriculum is current and valid,
* Train the trainer programs.

Appendix A - **Employee Satisfaction Survey, Orientation Education Record, Sample Competency Checklists, Nursing Assistant Clinical Skills Checklist**

Appendix B - **Course Guidelines for Mandatory Inservices, Sample Teaching Outline - Hazard Communication, Inservice Evaluation Form**

Appendix C - **Sample Description of Inservice Fair**

APPENDIX A

EMPLOYEE SATISFACTION SURVEY

Dear Employee:

Our facility strives to continuously improve services and offer residents and families the highest level of service possible. We do understand that our employees are the key to high quality service. You make the difference as to whether our facility is superior or inferior to others.

To help you do a better job, we are interested in learning about your views on the facility's strengths and weaknesses, and hearing your ideas on how we can make this a better facility. This survey is a step in that direction.

Please answer the questions honestly and feel free to offer comments. There is no need for you to identify yourself.

Your willingness to help us learn about your needs and improve our facility is appreciated.

1. Educational opportunities to help me grow personally and in my job are:
   - ___ not available
   - ___ not enough
   - ___ adequate, enough
   - ___ above average

2. In regard to opportunities for my career growth and education I would like:
   - ___ more inservices
   - ___ tuition assistance
   - ___ more opportunities to attend outside workshops
   - ___ career counseling
   - ___ individual tutoring
   - ___ my needs are currently being met to my satisfaction

3. My best source of information about what is going on within the facility is:
   - ___ Administration
   - ___ my department head
   - ___ my supervisor
   - ___ my union representative
   - ___ bulletin boards
   - ___ memos
   - ___ coworkers
   - ___ letters in my paycheck
   - ___ other (please state)

4. Opportunities for my self-improvement are:
   - ___ inadequate, not enough
   - ___ satisfactory, enough
   - ___ above average

5. Three things that I like most about my job are:
   1.

   2.

   3.

6. The thing I dislike most about my job is

APPENDIX A

SALTER HEALTHCARE SERVICES ORIENTATION EDUCATION RECORD

	1. Salter Healthcare ☐ History ☐ Mission Statement ☐ Quality of Life ☐ Ethical Conduct
	2. Infection Control
	☐ Language Policy
	☐ Standard Precautions
	☐ Explanation of Bloodborne Pathogens & Modes of Transmission, Blood Spill Kit
	☐ Review of Our Exposure Control Plan
	☐ Hepatitis B - Vaccine Recommendation
	☐ Personal Protective Equipment (Location & Equipment)
	☐ Latex Allergy
	☐ Procedures to Follow if An Exposure Incident Occurs
	☐ Tuberculosis ☐ Infection ☐ Active ☐ Transmission
	3A. Employee Safety
	☐ PPE
	☐ Proper Body Mechanics (Back Belts)
	☐ Use of Lifts
	☐ Violence in Health Care
	☐ Reporting Injury
	☐ 02 Safety
	3B. Resident Safety ☐ Airway ☐ Heimlich
	4. Hazard Communication Training
	☐ Written Communication Program
	☐ Where Written Program and MSDS Are Kept
	☐ How to Read & Understand MSDS
	☐ Personal Protective Equipment
	5. Fire Safety
	☐ Location: Alarms, Extinguishers, and Exits
	☐ Procedure for Fire R.A.C.E.
	☐ Procedure: When Alarm Sounds, (Dept.)
	☐ Evacuation Procedure
	6. Resident Rights
	☐ Confidentiality
	☐ List of Resident Rights
	☐ Definition: Abuse, Neglect, Mistreatment
	☐ Reporting
	☐ Resident Abuse Policy

Time: 2.5 Hours

Employee Signature _____ Date _____

SDC Coordinator Signature _____ Date _____ Orientation Facility _____

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WOBURN NURSING CENTER
EKG COMPETENCY

Proper placement of leads ☐

Use of MF filter ☐

Preparing EKG strip ☐

Recognizing a normal EKG ☐

Recognizing an abnormal EKG ☐

Use of doppler ☐

Nurse's Signature: _____

Trainer's Signature: _____

Date: _____

APPENDIX A

COMPETENCY ASSESSMENT FOR LICENSED STAFF

Name: _____ Date: _____

BLOOD GLUCOSE MONITORING

	YES	NO
Technical Skills:		
Demonstrated knowledge of system components	___	___
locates serial number	___	___
locates meter components	___	___
verify meter ready for use	___	___
Able to verbalize purpose of Standard Test Strip Procedure	___	___
performs correct demonstration	___	___
Able to verbalize purpose of Glucose Control Test Procedure	___	___
performs correct demonstration	___	___
documented properly	___	___
Able to properly assess calibration	___	___
able to re-calibrate appropriately	___	___
Blood Glucose Reagent Test Strips	___	___
able to locate and identify:		
lot number, expiration date, and calibration code	___	___
demonstrates proper strip handling and assessment	___	___
Obtains adequate capillary blood sample	___	___
observes aseptic technique	___	___
observes standard precautions	___	___
Able to complete testing procedure properly	___	___
uses visual testing appropriately	___	___
documents appropriately	___	___

COMPETENCY: PULSE OXIMETRY

Employee Name _____ Date _____

Evaluator Name _____ Initials _____

Steps of Procedure S=Satisfactory U=Unsatisfactory	Date U	 S	Date U	 S
1. Place the sensor on the finger				
2. Wait several minutes to set an oxygen saturation reading.				
3. Check saturation when weaning oxygen.				
4. Also, check saturation with exercise, rest, and sleep, if appropriate.				
5. Obtain oxygen saturation minimum twice a day.				
Problems 1. Loss of pulse signal. a. Resident's/patient's finger sensor fell off. b. There is excessive ambient light. c. Sensor is placed on an extremity with poor blood flow. This may be caused by a blood pressure cuff, cooling of the extremity, or poor distal circulation due to vascular disease or perhaps an intravascular catheter such as an IV. d. Cardiac arrest. e. Nail polish or fake nails.				
2. Inaccurate measurements. a. Incorrect placement of sensor. b. Excessive patient movement. c. Exposure to excessive ambient light. d. Inadequate perfusion.				

Comments _____

COMPETENCY: POSTURAL DRAINAGE AND CHEST PHYSIOTHERAPY

Employee Name _____ Date _____

Evaluator Name _____ Initials _____

Steps of Procedure S=Satisfactory U=Unsatisfactory	Date U	 S	Date U	 S
Resident/Patient education:				
1. Explain to the resident/patient the benefit of chest physiotherapy and postural drainage in secretion mobilization and removal.				
2. Instruct the resident/patient on all positions of postural drainage to be used.				
3. Instruct the resident/patient on diaphragmatic.				
4. Instruct the resident/patient on deep breathing and cough techniques. Have him/her practice.				
Position for percussion and postural drainage:				
1. Resident/patient in sitting position — percuss upper lobes anteriorly and posteriorly.				
2. Resident/patient lying flat on either side — drainage of posterior segment of left/right upper lobes.				
3. Resident/patient in a supine position — drainage of anterior and superior segments of the upper lobes.				
4. Resident/patient lying on stomach with pillow underneath stomach — drainage of superior segments of lower lobes.				
5. Resident/patient in a supine position, but placed in trendelenburg — drainage of the anterior basilar segments.				
6. Resident/patient lying on stomach, but placed in trendelenburg — drainage of the posterior basilar segments.				
7. Note any physical or surgical restrictions.				
Hand Percussion:				
1. Place a light cloth on resident's/patient's chest.				
2. Cup your hands and percuss with a gentle to moderate force trapping air between hands and chest wall.				
3. Limit force to avoid bruising and trauma.				
4. Have resident/patient deep breathe and cough.				

COMPETENCY: PERIPHERAL PARENTERAL NUTRITION (PPN)

Employee Name _____ Date _____

Evaluator Name _____ Initials _____

Steps of Procedure S=Satisfactory U=Unsatisfactory	Date U	 S	Date U	 S
1. Explain procedure to resident/patient.				
2. Position resident/patient comfortably to have access to area to be treated.				
3. Expose area to be treated.				
4. Wash hands, don gloves.				
5. If peripheral IV access is present, assess patency and flush through injection cap with sterile normal saline for injection.				
6. Using sterile technique, insert angiocatheter into peripheral vein, attach injection cap and flush with sterile normal saline for injection.				
7. Using strict sterile technique, attach tubing (with filter) to PPN bag and purge of air.				
8. Close all clamps on new tubing.				
9. Insert tubing into the volumetric infusion pump, set rate.				
10. Attach needle or needleless adapter.				
11. Maintaining sterility of tubing, wipe injection cap with alcohol/Betadine wipe, allow to air dry and attach tubing with needle or needleless adapter.				
12. Make sure the connection is securely fastened using luer-lock connections.				
13. Loop tubing and tape securely to avoid tension on angiocatheter.				
14. Open all clamps and regulate flow through volumetric infusion pump.				

Comments _____

COMPETENCY: TOTAL PARENTERAL NUTRITION (TPN) TOTAL NUTRIENT ADMIXTURE (TNA)

Employee Name _____ Date _____

Evaluator Name _____ Initials _____

Steps of Procedure S=Satisfactory U=Unsatisfactory	Date U	 S	Date U	 S
1. Explain procedure to resident/patient.				
2. Position resident/patient comfortably to have access to area to be treated.				
3. Wash hands, don gloves.				
4. If TNA is being used, check for separation of solution (cracking) and do not use if present.				
5. Using strict sterile technique, attach tubing (with filter) to TPN/TNA bag and purge of air.				
6. Close all clamps on new tubing.				
7. Insert tubing into the volumetric infusion pump, set rate.				
8. If venous access device (VAD) has a clamp at proximal end, clamp tubing.				
9. If no clamp is available on central VAD, instruct resident/patient to perform Valsalva maneuver (bear down and hold breath) while new tubing is connected.				
10. Maintaining sterility, connect tubing to hub of VAD.				
11. Make sure the connection is securely fastened using luer-lock connections.				
12. Open all clamps and regulate flow through volumetric infusion pump.				
Cautions: 1. Once the TPN/TNA infusion has been started, should it ever need to be interrupted or stopped (due to lack of new bag, etc.), a 10% dextrose solution should be infused at the same rate until additional TPN/TNA is available.				
2. To avoid sudden changes in blood glucose levels (hypoglycemia), when discontinuing TPN/TNA, infusion rate should be decreased over several hours before discontinuing.				

COMPETENCY: ENDOTRACHEAL CARE AND SUCTIONING

Employee Name _____ Date _____

Evaluator Name _____ Initials _____

Steps of Procedure S=Satisfactory U=Unsatisfactory	Date U	 S	Date U	 S
Resident/Patient Education — Explain to the resident/patient:				
1. He/she is to be suctioned to remove secretions.				
2. Normal saline will be instilled into the endotracheal tube.				
3. A suction catheter will be inserted into the endotracheal tube.				
4. This procedure will make the resident/patient cough.				
5. The resident/patient will be hand-ventilated before and after suctioning.				
Suctioning resident/patient:				
1. Open suction catheter package.				
2. Put on goggles and sterile gloves and remove suction catheter.				
3. With the unsterile hand, disconnect the resident/patient from the ventilator or CPAP.				
4. Using an oxygen-enriched resuscitation bag, ventilate/oxygenate the resident/patient with several deep breaths.				
5. Gently pass the suction catheter down the endotracheal tube until resistance is met then withdraw the catheter slightly.				
6. Apply intermittent suction while removing the catheter.				
7. Re-oxygenate and ventilate the resident/patient with several deep breaths.				
8. Instill saline into the endotracheal tube.				
9. Repeat steps 3-6 until all secretions have been removed or depending on the resident's/patient's tolerance of the procedures.				
10. Place the resident/patient back on the ventilator or CPAP.				
11. The oropharynx and nose may be suctioned with the catheter, if necessary.				

APPENDIX A

COMPETENCY: PERITONEAL DIALYSIS/ CONTINUOUS AMBULATORY (CAPD)

Employee Name _____ Date _____

Evaluator Name _____ Initials _____

Steps of Procedure S=Satisfactory U=Unsatisfactory	Date U	Date S	Date U	Date S
1. Close door to patient's private room (a sign should be placed on the door that all who enter the room during the dialysis set-up procedure must wear a mask). Gather supplies, clean work area.				
2. Check bag against physician's orders. Note time, volume, and percent dextrose.				
3. Remove resident's/patient's catheter from clothing.				
4. Mask and wash hands.				
5. Remove protective caps from exchange tubing line and resident's/patient's catheter, and immediately connect resident/patient to the lines.				
6. Clamp the inflow line with a blue clamp.				
7. Hang the solution bag.				
8. Place drain bag in drain position.				
9. Unclamp resident's/patient's catheter to begin draining.				
10. When drain is complete (allow resident/patient at least thirty minutes to drain), clamp off resident's/patient's catheter.				
11. Remove blue clamp from inflow line, count to five slowly and observe as fluid flushes air into the drain bag.				
12. Clamp drain line with blue clamp.				
13. Unclamp resident's/patient's line, new solution will fill resident/patient.				
14. When new solution bag has inflowed, clamp inflow line, clamp resident/patient line, disconnect using aseptic technique and cap off resident/patient with the new, sterile disconnect cap.				
15. Weigh drain bag in kg, and record amount of UF, or ultrafiltrate.				
16. Dispose of used supplies appropriately.				

APPENDIX A
NURSING ASSISTANT
CLINICAL SKILLS CHECKLIST

Skill	Date Skill Evaluated	Comments/Needs Cont'd Supervision	Initials Evaluator
Hygiene Measures			
Bedbath			
Shower			
Shaving			
Mouth Care/Brushing Teeth			
Denture Care			
Shampoo/Brush/Comb Hair			
Nail Care			
Foot Care/Diabetic			
Eye Care			
Toileting/Bedpan/Commode			
Incontinent Care			
Dressing/Undressing			
Skin Care			
Bedmaking			
Occupied Bed			
Unoccupied Bed			
Dietary			
Pass Trays			
Feeds/Nourishments			
I/O's			
Dining Rm. Supervision			
Positioning			
In Bed			
In Chair/WC/Gerichair			
Transfers			
Bed to Chair			
Use of Lifts			
Proper Body Mechanics			
Restorative Care			
Ambulation			
ROM (A/P)			
TPR			
Weights			
Flow Sheets			
S.P./Handwashing			
Catheter Care			
Bladder Retraining			

CNA/Date_____ **SDC/Date**_____

APPENDIX B

COURSE GUIDELINES FOR MANDATORY INSERVICES

Resident's Rights, Abuse, and Confidentiality:

Video, hand-outs, pre/post-tests, role-play, lecture and group discussion- Explains the legal and human rights of residents in long-term care facilities, including statutes and legal definitions of terms. Shows how to take action to ensure that these rights are honored. Covers legal protection, how all employees contribute to ensure standards are met, etc. Reviews the "Bill of Resident Rights." The types of abuse that everyone is obligated to report and levels of investigation. Ombudsman Program at Woburn Nursing Center is explained, along with the role of social services, the needs of the elderly, and a strong focus on ethical behavior.

Fire and Safety:

Hand-outs, lecture, group discussion, demonstration & mock drill- Emphasizes prevention, evacuation, and why fire and safety is the responsibility of all members of the health-care team at Woburn Nursing Center. How to prevent fires and what to do if a fire occurs. Proper use of fire alarms and extinguisher addressed. Fire and disaster preparedness is explained and a tour is given by the Safety Committee Chairperson or his/her delegate. Other elements covered include "Dr. Red," back up fire alarm policy, fire panels, locations of extinguisher and pull stations, oxygen safety, facility floor plan, discovering a fire, safety precautions during evacuation, drills, crisis intervention and expectations of employees. A list of specific safety rules and regulations are discussed, such as workplace violence, restraints, dysphasia and the heimlich maneuver.

Infection Control:

Video, hand-outs, pre/post-tests and group discussion-
Explains hazard communication (See Teaching Outline - Hazard Communication, page 31). Review standard precautions, isolation & aseptic techniques, exposure control plan, hepatitis B vaccine, T.B., bloodborne pathogens & modes of transmission, personal protective equipment use and location, latex allergy, procedure to follow if an exposure incident occurs. Barriers to infection and ways infections spread are identified. Hand-washing policy and procedure is explained.

Body Mechanics:

Video, hand-outs, lecture, group discussion, demonstration and redemonstration- Review how to reduce work-related injuries caused by moving and lifting items incorrectly. Review the proper way to lift, carry, push and pull, and how to get assistance from others when appropriate.

APPENDIX B

SAMPLE TEACHING OUTLINE - HAZARD COMMUNICATION

Woburn Nursing Center

Pretest:

Prior to beginning this inservice, participants complete the pretest **(Handout #1)**. The primary functions of the pretest are to measure the participants' knowledge of the elements of the hazard communication plan and to identify strong and weak areas concerning this topic.

Allow participants five (5) to ten (10) minutes to complete the pretest and then review test answers with the group. If there are no errors made in the pretest, it may be sufficient to present an abbreviated review of the most important factors to be considered relative to hazard communication.

Introduction:

The purpose of this inservice is to remind employees that:

1. The government has mandated that every facility have a hazard communication plan; and
2. Every employee in the facility is responsible for having a knowledge and understanding of the facility hazard communication plan.

Objectives:

At the completion of this inservice participants should be able to:

1. Identify the primary duties of the person responsible for coordinating the hazard communication program;
2. Identify the elements of the hazard communication plan which must be reviewed on a regular basis;
3. Identify the information which must be included in an accident/incident report;
4. Identify the information an employee must receive before performing a hazardous non-routine task.

Hazard Communication Plan:

Provide each participant with a copy of the Hazard Communication Plan **(Handout #2)**. Encourage participants to keep this material for review and for reference when questions arise concerning the hazard communication plan.

Review the material on the handout. Review a sample Material Safety Data Sheet (MSDS). Discuss and/or clarify as necessary.

APPENDIX B

Adding Life to Years...

WOBURN NURSING CENTER

18 Frances Street • P.O. Box 272
Woburn, Massachusetts 01801
Phone: (617) 933-8175

INSERVICE EVALUATION

Date_____ Title_____ Speaker_____

Your comments and evaluation are important to us. Your input will be used to improve this program, and for planning future programs. Please circle the number that most closely agrees with your opinion and feel free to give your comments.

Rating Scale 5 excellent 4 Better than Average 3 Average 2 Fair 1 Poor NA Not Applicable

	5	4	3	2	1	
SPEAKER Preparation						
Presentation Skills - Teaching Method						
Knowledge						
Response to Groups' needs						
Content of Program						
Practical Application to your job						
Organization of Material Presented						
Audio/Visual Aids appropriate						
Handouts useful						
Quality of Program						
Quantity of Material Covered						
Challenge of Material for you						
Information adapted to level of the audience						

What did you like most about this class_____

What did you like least?_____

The most important thing I learned today was:_____

In the future, it would be helpful to learn more about:_____

APPENDIX C

INSERVICE FAIR

One year the **FAIR's** overall decorative theme was the Solar System. The entire lower level of the facility was transformed with celestial bodies of every description. Each topic area was assigned a specific planet for decorations in their own area. Each area also had its own "space music" (i.e. ET Flying Theme, 2001 Space Odyssey, etc.) to play between presentations and it's own space-related raffle item (Omni Theater Tickets, Astronnut Snack Basket, etc.). With twenty-two staff members taking part in leading the six half-hour seminars, along with the help of ten support staff, the **FAIR** couldn't help but be a great success.

Another year the theme was "Tour De Europe." Again, the lower level of the facility was festively decorated with simulated sky, clouds, and stars, as **FAIR** participants boarded planes for Germany (Fire/Employee Safety), Spain (Infection Control), England (Resident Rights), Italy (Body Mechanics), France (Customer Service), and Ireland (Nursing Documentation). While boarding planes for the various countries, the "Pilot" makes the usual announcements over the loud-speaker, e.g., "Thank you for flying with Salter HealthCare Services today." "We hope you enjoy your flight and don't forget to sample the delectable delicacies (country-specific) during your flight." Great food, raffles, scratch tickets, decorations, presenter costumes, team-work, and good planning made the **Fair** a complete success.